STATEMENT OF VOTER

TO BE USED WHEN REQUESTED ABSENTEE BALLOT IS EITHER NOT RECEIVED OR IS RECEIVED BUT LOST

I,	,
	ENTER FIRST NAME, FULL MIDDLE OR MAIDEN NAME, LAST NAME AND SUFFIX, IF ANY subject to felony penalties for making false statements pursuant to § 24.2-1016, , that I [CHECK ONE]:
	applied for but did not receive
	OR
	applied for and received but lost
my absentee ba	llot(s); that I am a citizen of the United States duly registered in the county or city
	, Virginia, that I am now, or have been at some time since the ral election last year, an actual Virginia resident of the following address where I vote:
	;
	ENTER HOUSE NUMBER, STREET NAME OR RURAL ROUTE ADDRESS, CITY, ZIP CODE
precedin county o	I have been an actual resident of this precinct at some time since the second g federal general election and have been and continue to be a resident of this r city and this congressional district; t the Virginia address listed above was my last domicile immediately prior to e from the United States;
that I am at leas	t eighteen years of age [or will be on];
and that I have n	ENTER DAY/MONTH/YEAR not voted in this election by absentee ballot or at this or any other polling place and his election at any other polling place.
	SIGNATURE OF VOTER
	SOCIAL SECURITY NUMBER
	DATE
	ENTER DAY/MONTH/YEAR
	* SIGNATURE OF WITNESS MUST BE 18 YEARS OR OLDER
	must be the witness If this form is completed at the polling place. stion also must enter the precinct name and number below:
	PRECINCT NAME/CODE
	1 1/LO1101 11/111L/ OODL

Knowingly giving any untrue information in the above statement is a felony under Virginia Law. The punishment is a maximum fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.